1	IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE
2	
3	AND C.
4	B. Do you question the correctness of the Commission's "no reasonable cause"
5	determination?
6	Yes No
7	C. If you answered "yes" to question 3B, what are your reasons for questioning the
8	Commission's determination? Be specific and support your objections with fact. Do not simply
9	repeat the allegations made in your complaint; the court will review your complaint in considering the
10	request for counsel.
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27	
28	(Attach additional sheets as needed)
- 1	

	4. Have you talked with any attorney about handling your claim?
2	Yes No
3	If "YES," give the following information about <u>each</u> attorney with whom you talked:
4	Attorney: MSLEAVITT, MRZAKIN
5	When: AFTER DEFAULT JUDGMENT WAS FILED IN
6	Where: CA. SUPERIOR CT. NO. CTY DISTRICT
. 7	
8	
9	LOFIND COURTHOUSE, GETBUS INFO, READ CCCP, AND
10	HAVE DEFENDANTS SERVED DEFENDANTS WERE GO
11	ING TO EVICT ME WITH OUT PROCESS OF LAW'
12	Attorney: MRZALKW
13	When: AFTER DEFAULT
14	Where:
15	How (by telephone, in person, etc.): TELEPHONE/EMIL
16	Why attorney was not employed to handle your claim:
17	ME LEAVITT & MR ZALKIN DECLINED, MSLEAVITT NEEDED
18	6 FIGURE # TO GET EXPERT WITNESS, EXPENSES
19	MR ZALKIN NEVER RETURNEDE MIL PHONE CALL
20	Attorney:
21	When:
22	Where:
23	How (by telephone, in person, etc.):
24	Why attorney was not employed to handle your claim:
25	MONEY, THEY DIDNOT WANT TO HANDLE AN
26	UNIORIGINAL PROSEFILING, (I HAD TWO DAYS TO
27	RESPOND OR I WOULD HAD MY BELONGINGS EJECTED
28	(Attach additional sheets as needed)
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1	5. Explain any other efforts you have made to contact an attorney to handle your claim:
2	ACALIFORNIA COUNTY BAR
3	B), MS LEAUTH SAID TO CALL DISTRICT ATTORNEY
	OFFICE.
4	
5	
6	6. Give any other information which supports your application for the court to appoint an
7	attorney for you: A) VIOLATION OF MIS-USE OF
8	U.S. VETERANS ADMINISTRATION FUNDING
9	B) VIOLATION, OF MISUSE OF HOUSING UPBAN DEPARTMENT FUNDING
10	C) VIOLATION OF CIVIL RIGHTS OF
11	US VETERANS
12	7. Give the name and address of each attorney who has represented you in the last 10 years
13	for any purpose: ELLEEN YANKIN, 900 PENN AUE, PIHSburgh PA
14	US BANKRUPTCIES COURT
15	HENRY ERNECOFF 750 "B" STREET,
16	SANDIEGO, SOCIAL SECURITY DISABILITY
17	JOHN WARTIN 3840 CAMINO DEL RIO SOUTH
18	SANDIEGO, CA
19	(Attach additional charters made 1)
ı	(Attach additional sheets as needed)
20	8. I cannot afford to obtain a private attorney. The details of my financial situation are listed
21	below: APPLIED FOR SOCIAL SECURITY DISABILITY
22	A. <u>Employment</u>
23	Are you employed now? yes am self-employed
24	Name and address of employer:
25	
26	
27	
28	
- 11	

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1	If employed, how much do you earn per month?
2	If not employed, give month and year of last employment: MY 200 6
3	
4	
5	If "YES," how much does your spouse earn per month?/
6	and a film of differ age 21, what is your parents' or guardians' approximate monthly
7	
8	
9	Assets P
10	(i) <u>Other medine</u>
11	The first received within the past 12 months any income from a business, profession or other
12	form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity
13	payments or other sources? yes no
14	If "YES," give the amount received and identify the sources:
15	\$ Received Source
16	
17	
18	
19	
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21	
22	
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26	$oldsymbol{I}$ .
27	:
28	Leaning of the control of the contro
20	(Attach additional sheets as necessary)
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1	(ii) <u>Cash</u>
2	Have you any cash on hand or money in savings or checking accounts? yes $\sum$ no
3	If "YES," state total amount:
4	(iii) <u>Property</u>
5	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property
6	(excluding ordinary household furnishings and clothing)? yes no
.7	If "YES," give value and describe it:
8	<u>Value</u> <u>Description</u>
9	
10	
11	
12	
13	
14	
15	C. Obligations and Debts
16	(i) <u>Dependents</u>
17	Your marital state is: X single married widowed, separated or divorced.
18	Your total number of dependents is:
19	List those person you actually support, your relationship to them, and your monthly
Ш	contribution to their support:
21	Name/Relationship Monthly Support Payment
22	
23   .	
25	
.5 .6 .	
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8	
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Į.	

1	(ii) <u>Debts and Monthly Bills</u>
. 2	List all creditors, including banks, loan companies and charge accounts, etc.
3	Creditor VETERAL'S VILLAGE Total Debt Monthly Demonstration
4	Rent: \$ 175 POR BGD
5	Mortgage
6	on Home:
.7	Others:
8	
9	
10	
11	
12	
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14	
15	9. <u>Signature</u>
16	I declare under penalty of perjury that the above is true and correct.
۱7 18	Dated: <u>JAN 7, 2008</u>
19	Dated: <u>VA(S 1, 2008</u>
20	The second of
21	Signature / (Notarization is not required)
22	(170tail2ation is not required)
23	
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